The webinar will begin shortly, while you wait...

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MHPN's Special Professional Development Event:
Hypothetical Case Scenario

Tuesday 21 November 7.00pm - 8.30pm AEDT

No cost to attend this special MHPN event

Broadcast live, this activity is unscripted and unrehearsed.
The panel have had no forewarning as to how the scenario will unfold.

The session host, Professor Mark Creamer will guide the panel of five professionals, all experts in their field, through a scenario that escalates quickly and unexpectedly.

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MHPN WEBINAR

Thursday 19th October 2023

Trauma-informed care: The impacts of trauma on the physical body

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Tonight's panel

Andy Moloney
Accredited Exercise Physiologist

Lou Kerley
Occupational Therapist

Felicity de Blic
Pelvic Physiotherapist

Facilitator:
Steve Trumble
General Practitioner

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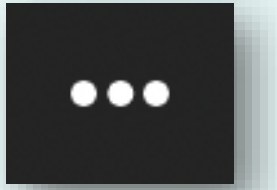

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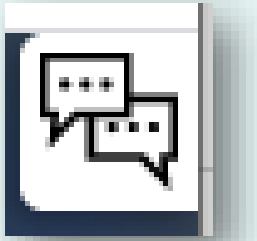

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Learning outcomes

This webinar will:

- outline how trauma can have short and/or long-term impacts on the physical body.
- outline examples of the different types of impact on the physical body that trauma can cause, and how practitioners can respond by applying trauma-informed care.
- discuss how to communicate effectively with other mental health practitioners to better support people who are experiencing physical symptoms resulting from trauma.

An Exercise Physiologist's Perspective

Adverse Childhood Experiences (ACEs) and Physical Health

Sarah's ACEs

- Alcoholism
- Divorce
- Sexual abuse
- Bullying

What risk is associated with >4 ACEs?

Physical and mental health

- COPD / Metabolic Syndrome
- Depression and suicidality
- Cardiovascular disease
- Persistent pain / Fibromyalgia

Safety Behaviours

- Sedentary / smoking

Andy Moloney

An Exercise Physiologist's Perspective

The Allostatic Model – Physiological Adaptation

Allostasis

"Stability through change"

Moving from the classical homeostatic theory

Allostatic State

Dysregulation of threat and safety emotion systems

Allostatic Load

Cardiovascular pathology

Metabolic deterioration

Neural degeneration

Immune dysfunction

\+ **Behavioural adaptations**

Andy Moloney

mhpn

An Exercise Physiologist's Perspective

How is the Allostatic Model Trauma-informed?

Sense of safety within the therapeutic relationship

Narrative influences physiological adaptation

Adaptation vs Protective Factors

How should we interpret Sarah's Story?

Andy Moloney

An Exercise Physiologist's Perspective

Inner
Resilience

Andy Moloney

An Exercise Physiologist's Perspective

Why collaborate with an Accredited Exercise Physiologist?

- 4-5 year University educated exercise specialists
- Individualised assessment and programming
- Passionate about meaningful movement

What you should ask?

- What do you understand about trauma-informed care?
- Who do you like to work with?

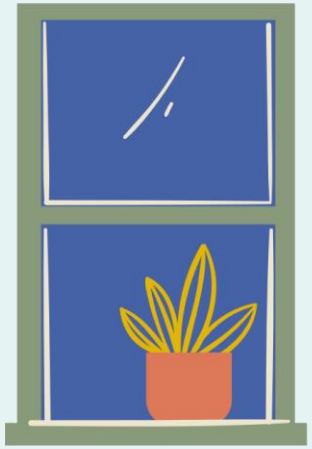
Andy Moloney

An Occupational Therapist's Perspective

Sensory modulation

- ability to get the 'just right sensory input'
  - to feel **calm and regulated** throughout the day
  - to respond adaptively to environments that are **'too much'** or **'not enough'**
- shapes, and shaped by, **relationships and experiences**

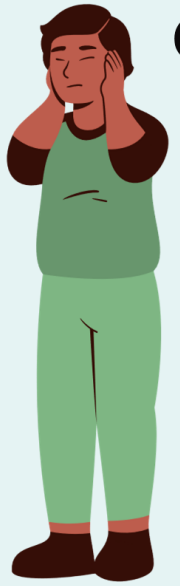
we can help Sarah untangle her relationship to her body over time



we can talk about sensory modulation in terms of **windows** that narrow and widen

Lou Kerley

An Occupational Therapist's Perspective



General and trauma-specific changes

- sexual abuse → localised hypersensitivity and pain
- verbal abuse → altered auditory detection
- adverse childhood environment → altered sensory reactivity

"just ignore them"

Interoception: making sense of body signals

Sarah was taught to:

- disconnect from her senses
- not trust her body's signals

Lou Kerley

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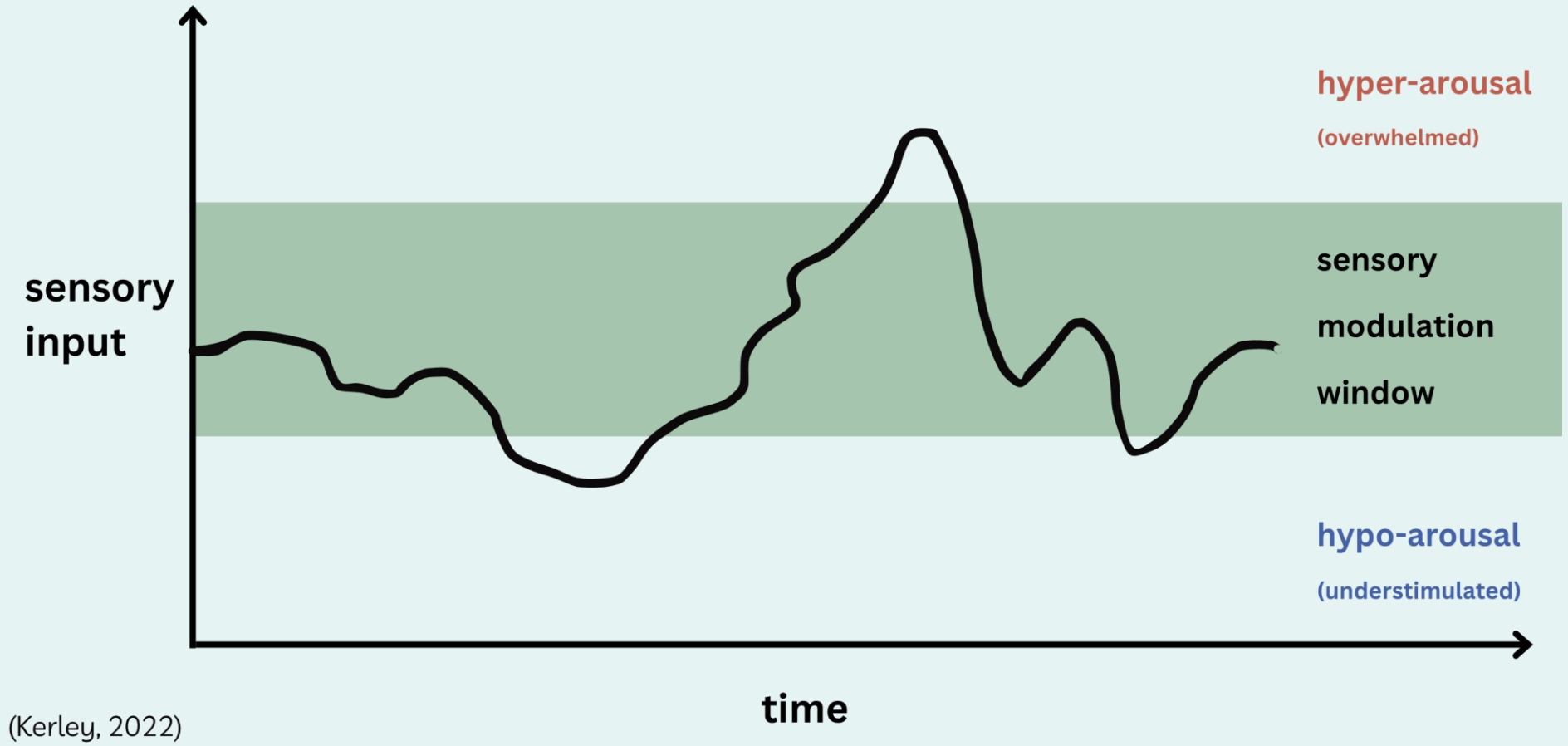
An Occupational Therapist's Perspective



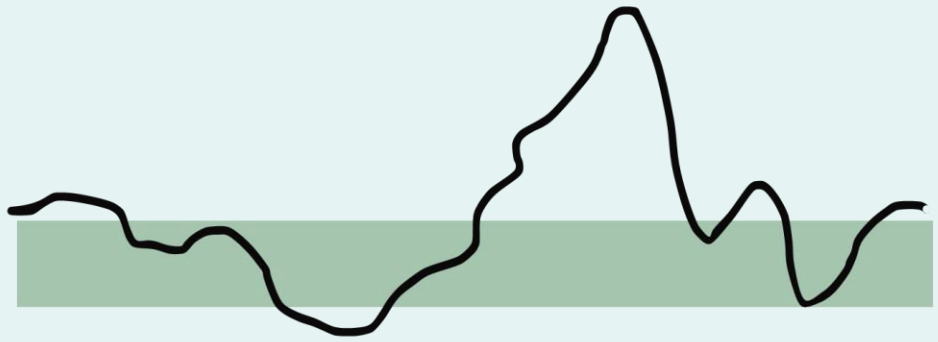
(Kerley, 2022)

Lou Kerley

An Occupational Therapist's Perspective

How has Sarah's sensory modulation changed over time?

tolerating a smaller **range** of stimuli,
while **less aware** of her signals



more time
outside her
window

- allostatic load
- dysregulation
- relationships
- identity

Lou Kerley

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An Occupational Therapist's Perspective

Strength-based supports

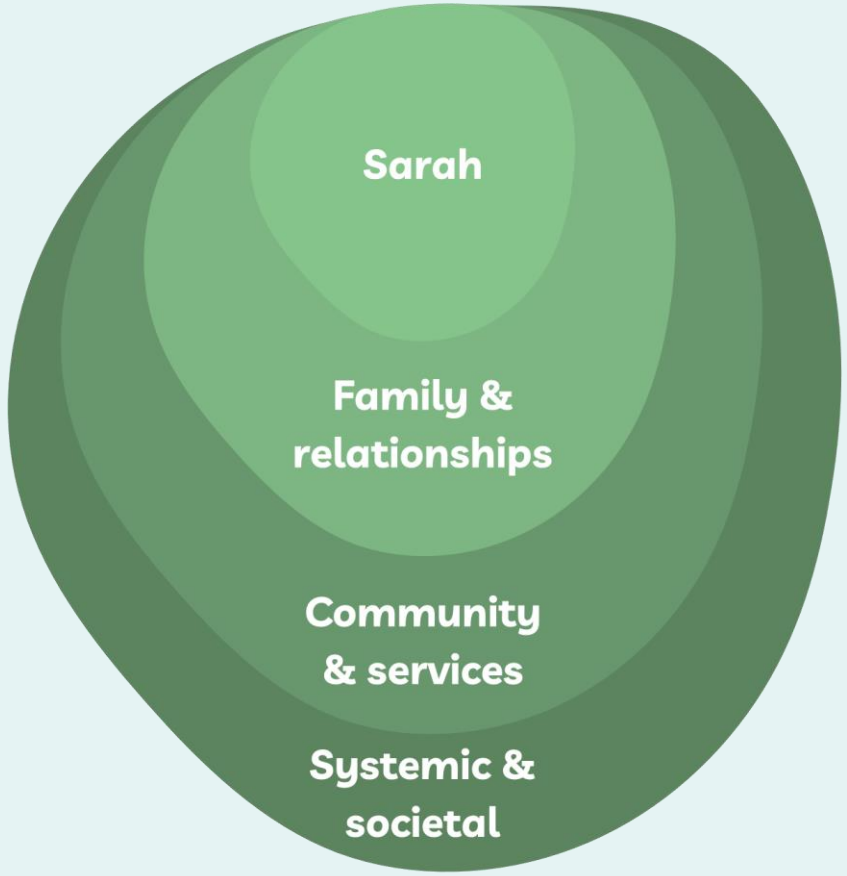
helping Sarah make sense of her story

untangling chronology:

- **reclaim** childhood sensory patterns and neurodivergence
- recontextualise that her body **kept her safe**
- an integrated understanding of her **current** sensory patterns

safely reconnecting with her body:

- explore **interoception**
  - noticing body signals
  - linking to feelings and experiences
- explore her and others' **sensory windows** over time
- **transdisciplinary** support (running, sex)



Lou Kerley

A Pelvic Physiotherapist's Perspective

TRAUMA & THE BODY

Beaches Pelvic Physio

ENDO ONLINE

Felicity de Blic

mhpn

A Pelvic Physiotherapist's Perspective

Safety VS Threat

- Responding to real / perceived threat and seeking safety is a profoundly physical task
- Trauma sets the stage for an overactive threat detection system and a variety of outputs designed to promote safety
- Fight / flight / freeze / collapse
- HPA axis dysregulation and chronic cortisol production have significant impacts on body processes, notably physical tension, inflammation and immune dysfunction

Felicity de Blic

A Pelvic Physiotherapist's Perspective

Safety VS Threat

What are the safety 'outputs' from a brain constantly perceiving threat?

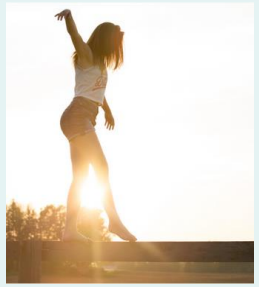
Unique to the individual & context dependent . . .

- hypervigilence to external stimuli (light, sound etc) or internal stimuli (eg sensations)
- chronic tension & protective bracing in the 'closing down' muscle groups (eg jaw, neck, chest, hips and PF)
- feeling on edge and 'revved' constantly
- pain
- fatigue
- numbness / checked out

Felicity de Blic

mhpn

A Pelvic Physiotherapist's Perspective



Polyvagal 'Ladder' Of Activation States

SAFE:

- Parasympathetic ventral vagal system
- Feeling safe, centred, calm but alert. Open to connection and play
- Feels like "I've got this"

MOBILISED:

- Sympathetic Nervous System
- Feeling of threat, action state, irritable, panicky, tense
- Feels like "I need to act / change this right now"

IMMOBILISED:

- Parasympathetic dorsal vagal system
- Feeling of threat but resources to cope overwhelmed
- Shut down, numbing out, disconnected, low energy
- Feels like "I'm trapped. I give up"

Felicity de Blic

The work of Dr Steven Porges, Deb Dana

A Pelvic Physiotherapist's Perspective

Physiotherapists Commonly Work With People Experiencing Tension & Pain . . .

Which populations are considered the 'most treatment resistant' or tricky to treat???

What if we looked at these populations through a trauma-informed lens?

Felicity de Blic

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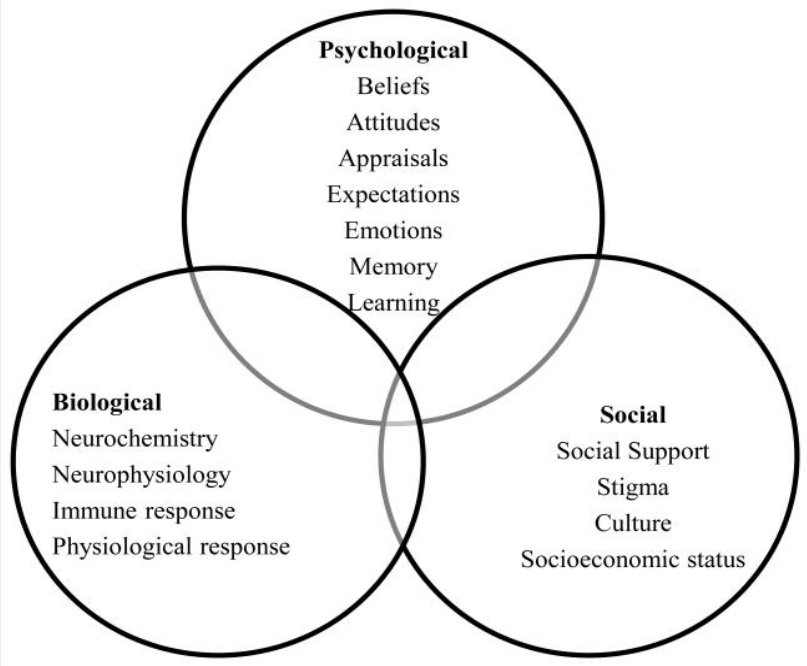
A Pelvic Physiotherapist's Perspective



Adams et al. (2015)

'Central Sensitivity Syndromes'

'also termed 'chronic overlapping pain conditions'

- Chronic Fatigue Syndrome
- Irritable Bowel Syndrome
- Vulvodynia
- Bladder pain syndrome / interstitial cystitis
- Endometriosis associated pelvic pain
- Fibromyalgia
- Temporomandibular joint dysfunction
- chronic migraine
- chronic tension type headache
- chronic low back pain.

Felicity de Blic

A Pelvic Physiotherapist's Perspective

What Is The Common Denominator? NOCIPLASTIC PAIN

- Increased sensitivity through altered functioning of ascending and descending 'pain' pathways
- maladaptive neuroplasticity
- interpretation of normal sensations as painful (allodynia)
- nociplastic pain patients have higher rates of emotional trauma and mental health diagnoses such as post-traumatic stress disorder (Yarns, et al. 2022).

Felicity de Blic

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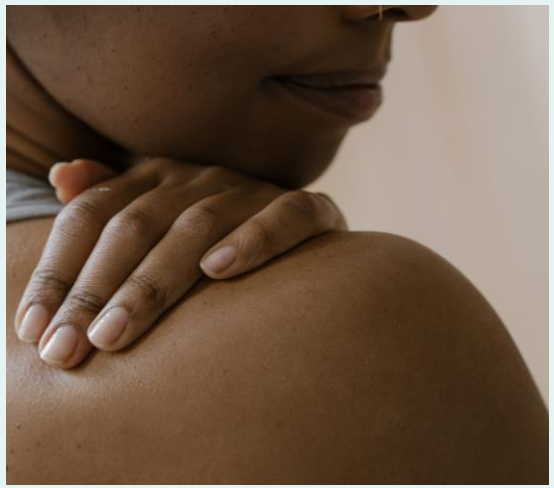
A Pelvic Physiotherapist's Perspective

Sarah . . .
Sexual Abuse As A Risk Factor For Pelvic Pain

- A history of sexual abuse is significantly associated with overall gynaecological morbidity, pelvic pain, dyspareunia & vaginismus (Hassam et al. 2020; Tetik et al. 2021)

Felicity de Blic

A Pelvic Physiotherapist's Perspective



Trauma-Sensitive Pelvic Physiotherapy

- Sarah is in control and sets the pace of therapy
- 'creating somatic safety - within therapeutic relationship; within her own body
- understanding symptoms of dysregulation and strategies to move back to feeling settled and safe
- broadening the window of tolerance for sensations previously perceived as threatening
- functional anatomy education - empowering
- hands on and hands off approaches
- mindful movement, exercise.

Felicity de Blic

A Pelvic Physiotherapist's Perspective

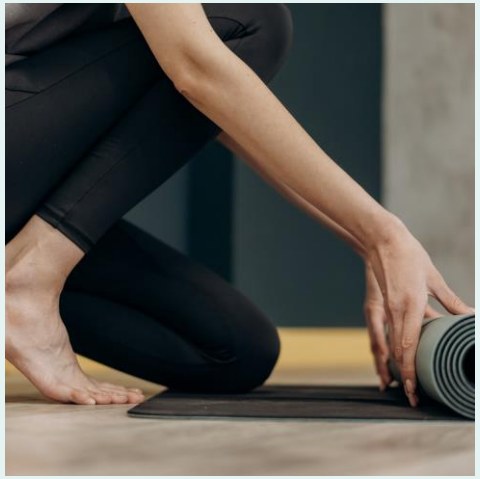
How Can We Help Sarah Achieve Her Goal?

- Systematic desensitisation of the goal task - pleasurable sex
- Aware of inner resources to connect to safety / put on the breaks during treatment
- Safe connection and awareness to pelvis, pelvic floor, vulva, vagina
- Building control of PF contraction and relaxation
- Thinking - looking - self touch / therapist touch
- Use of dilators / therawands / vibrators on own
- Integrating partner - clear boundaries and a 'ladder' approach so Sarah feels in control of the process and partner knows role

- Treatment Timeline unique to the patient

Felicity de Blic

A Pelvic Physiotherapist's Perspective



Including Body-Orientated Therapies In A Collaborative Multidisciplinary Team

- Physical symptoms are common in those with a trauma background
- 'Zooming out' and taking a nervous system regulation approach instead of collecting isolated diagnoses can be helpful
- 'The Body Keeps the Score' - so integrate somatic therapies
- Pelvic pain & dyspareunia - early referral helpful to start educating and creating experiences of safety... "relax and have some wine" is not a helpful piece of advice!
- Make friends with your local physios, OTs and EPs to faciliate cross referral and collaborative care.

Felicity de Blic

Q & A

Andy Moloney
Accredited Exercise Physiologist

Lou Kerley
Occupational Therapist

Felicity de Blic
Pelvic Physiotherapist

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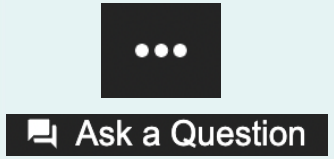

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- Each participant will be sent a link to the online resources associated with this webinar within two weeks.

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MHPN Online programs

Podcasts:

MHPN Presents A Conversation About . . . Climate Change & Mental Health 3-part series. Episode one out now.

Three webinars before the end of the year:

- Identifying and Treating Panic Disorder, Wednesday 15 Nov
- MHPN Special Event: Hypothetical Case Scenario, Tuesday 21 Nov
- Primary health strategies for working with children who present with ADHD concerns (Emerging Minds), Monday 11 Dec

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